

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10-030,339</i>	APPLICANT'S NAME
	CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1/2					
3			1/2				
4				1/2			
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50							
TOTAL IND.							
TOTAL DEP.		8					
TOTAL CHARGE		9					
TOTAL FEE AND ADDITIONAL CHARGE ON ATTACHED SHEET							
PTO-875 (5-70)							